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OF SOME MEANS USED IN THE TREATMENT OF PULMONARY CONSUMPTION.

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WHETHER we have genius to originate new methods of treatment of disease, or industry and acumen to gather from masters, or from those whom we may consider such, their propositions and dicta, and so adapt them to the cases which present themselves to us for our care, I presume the accumulation of testimony as to the efficacy or inertness or actual harm of certain methods or materials used, is a positive benefit to humanity through our profession. In this communication there will be nothing original, but what is written has been put to the proof.

Of the cases of consumption that have been under my charge within or during the past ten years, I have selected two to report to-night which are the opposites of each other; the first is somewhat at length, the second in brief, and they form the basis of my subject.

In February, 1855, Mrs. B., an Irish widow, resident in this country for fifteen years, and for six or seven of them in Winchester, about 45 years of age, mother of several children, came under my care. She had been a rather hard-working woman all her life, but has always been able to "pay her way and get along comfortably"; "has enjoyed a fair degree of health up to New Year." About the first of January, after imprudent exposure in sloppy weather during Christmas week, she was seized with "chilly turns" and pains in limbs and chest, with, at first, moderate cough, which became, during January, irksome by night as well as by day, with failure of appetite and irregularity of bowels and loss of flesh and strength.

I found her in bed, presenting plumpness of body and limbs, but not firmness of flesh, with considerable emaciation of temporal region and cheeks, which latter were flushed during the first part of my visit and became rather pale during the remainder; the eyes glistening, sclerótica pearly; tongue not clean; pulse 114 at first, after-

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wards at full 96. Condition of catamenia could not be made out clearly, but during the last three months there had been irregularity of some kind. Color of hair black. Eyes very dark brown. Patient agitated and by no means hopeful, a condition of mind strengthened by the inconsiderate babble of her immediate friends and neighbors.

There was dulness of percussion at *both* subclavicular regions—extending a little lower on her right than on her left—some flattening of the walls of the chest below the clavicles, not very marked on left side; bronchial voice; mucous crepitation on right, not made out on left side.

The cough, more particularly at night, was said to cause much expectoration, but of this I had no evidence as to quantity or quality. "Sweat like rain" during night.

The room in which this woman was, was in the second story of a wooden frame building, occupied by her married daughter day and night, and by the husband at such times as he was not at work, and by three children. Precisely what the sleeping arrangements were I could not discover, but they all slept in the same room; a cooking stove, upon which the whole cooking of the family was done, chairs, and two tables, upon which, always, there were the *débris* of a meal, formed the furniture of the room, and the clothing of these young people was hung upon the walls. The situation of the house was unexceptionable, being on the side of a gravelly hill, high, dry, airy and sunny.

In my mind, this poor woman was doomed to death before the opening of the coming summer. She was, however, urged to adopt a certain course of treatment, and assiduously watched and cared for and guided, and the interest of some of her neighbors, the kindest people in the world, being engaged, the care of her medical attendant was much lightened. The management was as follows:—

She was induced to discard the heavy and impervious cotton comforter, so called, which helped to exhaust her strength every time she moved or turned over in bed, and substitute blankets, the best at command; the windows and doors were opened for half an hour several times a day, and this was a difficult thing to bring about; a mild anodyne at night, and a tonic two or three times a day, helped to restore the appetite, for which "*extractum carnis*" was supplied, and this, for a while, was her principal nourishment; also, after a time, other food of a more wholesome quality than that to which she had been accustomed was supplied. During February there were some pleasant days, and it was seen to that she sat up, at first for a few minutes, by degrees for half an hour, and finally, before the month was out, for two hours at a time.

There was a gradual improvement towards health, so that in the following autumn she resumed her usual avocations, viz., the care of her own family of two young men and a daughter; but during the

two following years she complained of a pain in the hepatic region whenever she met me; as she seemed strong and in good case, I took not much notice of it. She is quite well and hearty at this date.

CASE II.—In October, 1861, I took charge of a young lady, 20 years of age, who could command anything that great wealth and unbounded family affection could yield. The father and one sister died of consumption. Up to the age of 18, ambition, unwisely stimulated by her friends, led her to get and maintain the highest rank in all the branches taught at her school. At this age she quite "broke down" in health. During the twenty months of illness preceding my first visit, she had tried various means and systems for relief. In person she was rather tall, with fair hair and blue eyes; generally emaciated, with variable appetite, and much harassed by cough, particularly in the night.

There was flattening of the chest walls, more evident on the upper left front than on the right; on the left there were blowing inspiration and expiration, with gurgling; on the right upper front there was crepitation; percussion could not be practised on account of the pain it gave; near the base of the right lung there was exaggerated respiration, with here and there remote crackling. But the prominent feature of this case was the utter want of interest in anything. It is true she carried out, as faithfully as possible, all the suggestions and requirements of her attendant, such, for instance, as going to ride daily; was even carried in arms to the carriage many times, when she could not walk through weakness. It seemed as though all the ambition and energy of her character had been expended in her school days. Every means that could be thought of were tried to arouse her from her apathy, but in vain. She died in November, six weeks from my first visit, and about twenty-three months from the development of the disease.

Within my knowledge there have been many consumptives who have felt themselves doomed to a brief existence, after having subjected themselves to a careful examination, upon being told that if they take exercise in the open air, use nourishing food, and friction to the chest, they have about all the advice that is necessary. Sometimes awkward questions have been asked, answers to which have been stumbled over, and the matter complicated and made worse.

I believe this to be entirely wrong. I believe the truth should be spoken in these as in all other cases. I do not believe that the truth uttered in these cases will shorten life by a day. Have we nothing to say, truthfully, besides the bare assertion, "You have consumption"? Shall we, by word, or look, or manner, cut off all hope from these victims? Is it not possible for us to say, "although you have such and such a condition of the lungs, yet the resources of our art are great, and you may live longer than the old-fashioned doom of eighteen or twenty months"?

The very beginning of the treatment is at and with the first interview and examination. It will not do, and it is not right, to be careless in the least degree. Of the whole list of diseases we are called upon to treat, no one makes a more powerful demand upon the tact, ingenuity and skill, as well as upon the fortitude and patient endurance and general kindness of the practitioner than consumption. The first care, then, of the physician should be to win the entire confidence of the patient, so that it shall be unswerving; so it should be in all cases, but in this more than any other, for we have to contend, not merely with the disease, but with the variable and oftentimes exacting and unreasonable disposition that accompanies it. The natural disposition being amiable, for one instance in which it is maintained throughout the disease, especially in protracted cases, there will be nine in which it will become peevish, fretful and complaining, sooner or later, and nothing will suit them.

Confidence having been established, unflagging interest in the patient and the case must be evinced quite to the end, and this involves the necessity of the exercise of such tact and ingenuity as each practitioner may be possessed of—tact in withholding or continuing, and ingenuity in changing, so that no harm may come of it. Such an interest is a solemn and difficult task for the physician.

Thus far it may be said the moral elements of the treatment have been advanced, and I must say once more, that they are of the first importance and should be emphasized.

In the first case reported, the means taken to secure sunlight, air and exercise were mentioned. The only drugs used were, for a few nights at bedtime, five grains of Dover's powder, and even with this the report was, "a moderate perspiration," instead of "sweat like rain," and I was convinced the change from the impervious quilt to blankets was a good one for her.

Constipation existing, there were administered pills, each containing one half a grain of ipecac, with one sixth of a grain of calomel, one to be taken every eight hours until there should be an operation from the bowels. The Dover's powder was omitted. After the sixth pill there was the desired effect, and, later still, at any time when occasioned required, one of the pills taken at bed time would secure a response next morning.

Meanwhile, during the two weeks of the treatment just mentioned, she was supplied with "extractum carnis" at specific hours and in certain quantities, and of this I shall speak below.

At this time she began to take a tonic consisting of strong infusion of gentian $\text{f}\frac{3}{4}$ i., with two drops of nitric acid to a wineglass of sweetened water, before each meal time. In the last week in March she began to take cod-liver oil, and continued it for six weeks. During the month of August she again took the oil.

I may say here that I stopped the customary Saturday afternoon

floor-washing, and caused to be substituted a tri-weekly process of dry floor-cleaning.

Of the second case, I need not say more than that every means were taken to arouse the patient from her apathy, but in vain. I have cases of lung cavity of long standing, but they are in subjects whose pluck and will are consonant with the interest of the attendant.

I am not ready at the present time to give it as an opinion that consumption, in every instance in which it becomes developed, has always existed in the subject as a diathesis, for we occasionally meet a person among whose ancestors and family connections the disease has been unknown, and who, up to the time of some specific cause of failure in health, has, so far as can be recalled, enjoyed an uninterruptedly excellent physical condition. I cannot yet defend this as an opinion, but I advance it as a strong impression that such is the fact; and with this impression or hypothesis, I now come to some of the causes of the development of the disease, that I may introduce what I have to say about nourishment.

A great proportion, if I may not say all the consumptive patients who have fallen under my care, have declared themselves to be or to have been "not good livers," if the expression may be allowed; hence dyspepsia is rife among them, and this is one of the grand roots of the disease. That they are not good livers, may be accounted for by various causes. Poverty need only be mentioned as one. In many families there is a mistaken economy which leads the providers to procure the cheaper meats, butter, and so forth, so that, although there may be an abundance, yet it is partaken of at the expense of the digestion. What seems to be a "national fault," "bolting the food," is a fearfully frequent cause of dyspepsia. Horrible bread, made with drugs, which of themselves are not always of the purest, is another. Appetite may by degrees fail for even the best and most attractive food, as the first symptom of the yet unknown, unsuspected development. The digestion being impaired by the above-named causes, proper nutrition cannot be afforded, and if the consumptive diathesis exists in never so small a degree, it will assuredly be developed by this faulty nutrition. Briefly, it is not necessary, and it would be almost impossible, to enumerate all the causes of derangement of the digestive organs; there may be added to those already mentioned the custom of many who sleep in little bed-rooms under impervious bed-quilts, thereby having to fight every morning against a languor and unrest which they cannot account for, so as to get to their early labor or business; unrefreshed by sleeping in an unwholesome atmosphere, with their tongues thick and pasty, how can they partake with cheerfulness of such a breakfast as they ought, to fit them for their avocations? Others, for the most part delicate females, are possessed of a fastidious daintiness which leads them to abhor anything like rich, juicy meats. We have mentioned quite enough.

If good and sufficient nourishment is of very great importance in the prophylaxis of consumption, the condition of the digestive organs during the disease demands our constant and, I might almost say, our sole care, for, as Chambers says, "if the supplies are cut off, what can sustain the forces?" Those instances in which the appetite is entirely wanting, so far as their stomachs are concerned, are to be looked upon as infants; and they require the same kind of management, with this difference: the invalid must be directed, coaxed, perhaps stimulated to take nourishment; the infant sucks its own, and does so with avidity; but both should begin, the one treatment, the other life, with milk. As the well-ordered infant during its first six or eight weeks should be presented with the breast every two hours, with the exception of the five, six, or even eight night hours in which it is or may be sleeping continuously, the stomach resting meanwhile, so let us present to the failing consumptive—do not let us say, "you had better take a little milk occasionally"; prescribe, let us prescribe—two ounces of milk to be drank slowly every two hours from six in the morning until eight in the evening. Thus the patient gets one quart of milk in fourteen hours. To quote Chambers once more: "Nutrition has a habit like that of arguing in a circle; food creates the desire for food—of course by strengthening the digestive organs, and thus, after a few days of milk diet, the patient will ask for meat." I have not found this last assertion to be quite literally true in my cases, but I have found, most generally, that I could by degrees prolong the intervals of giving the milk so that I could introduce other nutriment alternately with it, or suspend it altogether for other articles.

It seems natural at this point to speak of the great efficacy of cream, given in these cases, or at those periods in such cases, in which cod-liver oil cannot be swallowed, even by the exercise of a very powerful will, or if it is, there is vomiting or a perpetual flavor of it in the mouth, that utterly defeats the object for which it is administered. Again, there are some who will take oil for four or five weeks and then, beginning to experience approaching disgust to it, are obliged to give it up for a time. It is in these cases that I have found cream of signal advantage. In the first-mentioned cases there is a natural disgust, an abhorrence to anything oleaginous, and it requires address and persuasion to get them to take even cream. I have succeeded best by offering a small cupful, say four ounces, in the middle of the forenoon and also of the afternoon, with a teaspoonful of brandy, of best quality if it can be obtained, or of whiskey; but brandy is the best for the purpose—sometimes two teaspoonfuls may be taken.

For several years I had been educating a number of consumptive patients, as well as others who were anæmic from different causes, in the art of taking proper and sufficient nourishment; beef, roasted or boiled, to be sure, but going through the process in such a manner

that it was only saved from being called raw because of it, being the burden of my teachings, when, in 1857, I read in the Boston Medical and Surgical Journal an article by Dr. Bowditch upon the custom of certain hunters who used, with advantage, raw pork upon their expeditions; and the hint derived therefrom led to my peculiar treatment of the following case of acute dysentery, and after this case to my offering raw beef to many consumptives and others.

In 1859, during September, I attended a beautiful child, with severe acute dysentery. On the fifteenth or sixteenth day there were good reasons for believing convalescence had fairly begun, but on the eighteenth or nineteenth there was a palpable relapse. I caused a quantity of raw beef, of the best quality, to be cut up by a very sharp knife, so that it became a pulp instead of a minced meat. A very little salt being mixed with it, two heaping teaspoonfuls of this pulp, placed upon a small plate, were set by the mother before the child without seeming to care whether the little girl partook of it or not. In a few minutes the little fingers were dipped into the pulp, which, of course, was immediately conveyed to the mouth. Within ten minutes the whole of the pulp was eaten. This was in the middle of the forenoon; in about six hours the same quantity was taken, and also again in eight hours. This plan was continued during three days, for there was a manifest improvement in the disease; but on the fourth day there was an evident disinclination to take the pulp, although some portion was taken, and also milk on this day. On the fifth day no inducements availed for the child to touch or even to look at the pulp. She went steadily on to perfect health; she took nothing, during the three days mentioned, besides the beef-pulp, but, occasionally, a drink of fresh, cool water.

In anæmia from other causes than that of pulmonary disease, as well as in consumption, the virtue of raw-beef pulp, sometimes with, and sometimes without alcohol, has, in my experience, been most signal in making red blood. From many recorded cases, I will give extracts from one which will do more in illustration than twenty pages of eulogy. A lady, 32 years of age, whose mother and an only sister died of consumption, had been under my charge more than eight years, in September, 1865. A large cavity in the upper right lung had been observed for five years, and a smaller one in the left upper for between three and four years; tubercles studded the remainder of the lungs, but there were less in the lower right than elsewhere. Up to the summer of 1864 there had not been much emaciation, but the limbs were always soft. From that time gradual emaciation of the limbs and body supervened, although the face and temporal region remained full and fair up to the time mentioned (September, 1865). Profuse night sweats and expectoration, and consequent loss of sleep therefrom; disgust for all sorts of food or nourishment; a dreadful sense of lassitude from weakness; these were the symptoms which at last caused the bloom and freshness of

the countenance to give place to pallor and wanness, and to a glazing of the eyes, which seemed much larger than natural. I may not say that hope had fled, but I do know that she was perfectly resigned to go or stay, as the case might be.

Some beef having been reduced to a pulp, all the bits of membrane and other extraneous matter being carefully picked out and a very little salt mixed with it, three pellets, each of the size of an ordinary marble, were presented to my patient at 7, A.M., of which she ate two, and afterwards drank of whiskey one ounce and water two ounces. Three pellets, followed by the whiskey, were eaten at 11, 3, 7 and 11 o'clock. This was on the 20th, and on the 27th she rode half a mile and back. By the middle of October the amendment was so considerable that she expressed herself as feeling a kind of shock at coming back to life. It must not be supposed that when improvement began she was confined solely to the beef-pulp. She was induced to eat a squab, nicely broiled, or a woodcock, or a piece of rare roast beef—sometimes drinking a cup of cream and brandy. Care was taken that she should not become disgusted with the pellets of raw beef, for I believed it was to be her sheet-anchor during the remainder of her life, and it was. She lived until the end of 1866.

It may be said that all this might have been done by cod-liver oil. I fully recognize the virtues of this oil, but this patient had taken it a great many times during my long attendance upon her, and it was only by the exercise of her will that she could swallow it; she never could overcome her disgust to it. Who can describe how great a blessing the beef was to her!

Let me speak well of Liebig's formula for "extractum carnis," viz., "a pound of finely chopped beef to be put into a pint of cold water, which is by degrees to come to the boiling point; boil four or five minutes and strain." Take it for all in all, this is the best liquid nourishment I have ever used; his extract of beef, made near Buenos Ayres, according to his own formula, I have never seen. "Borden's extract of beef" is good and highly nutritious; with boiling water, in a moment, a teacupful or a gallon may be made.

At a future time I may urge what I believe to be the true mode of life for the class of patients under consideration, viz., "tent life." I will say nothing upon the subject of "exercise in the open air" farther than this, for we all know all about the importance of directing it. Does any one of us, in the full vigor of health, with an avocation which calls us out of doors at all hours and in all kinds of weather, know what it is to the invalid, weakened in mind as well as body, to go out for a daily walk? A majority of our patients cannot command a drive twelve times in a year. A little walk of two, three, or even five or six directions, becomes irksome from the sameness. If there is nothing but duty to themselves to call them forth, we must create an emergency for them; it is pretty well if they will

go out, bravely, through this sense of duty; but there are plenty of objects for them to become interested in among the poor and distressed—a garment to one, a bottle of wine to another, a word of comfort to any or many, even although it may be from one poor person to another.

This paper, I fear, is already too long for the occasion. I would speak of the blessings of opium, which I give in small and repeated doses until the proper effect is produced, then stopping it until it is again required; of preparations of iron, of which the best is the tincture of the chloride, but of which every one gets tired very soon, and of a certain combination, as, for instance: *R.* Pulvis ferri, gr. $\frac{1}{2}$ -iss. (by hydrogen); sulph. quiniæ, gr. $\frac{1}{4}$ -i.; ext. nucis vomicæ, gr. $\frac{1}{4}$ -i.; ext. hyosciami, gr. ss.-i. *M.*, for a pill to be taken one, two or three times in twenty-four hours, *p. r. n.* This I am in the habit of calling a tonic—a food for the blood, and not a medicine—and it is always taken an hour after eating. I would speak of the tincture of veratrum viride, which even in hectic fever calms the action of the heart; of my many trials of oxide of zinc to check the night sweats, which have seldom succeeded; physical strength increasing, the night sweats diminish in proper ratio; of how, long, long ago I abandoned the train of expectorants—squills, antimony and the like—using only, when something of the kind is demanded, ipecacuanha. There is one formula for an expectorant, however, I will offer: *R.* Syr. ipecac., syr. senegæ, aa f $\frac{3}{4}$ iss.; syr. cimicifugæ, f $\frac{3}{4}$ iv.; tr. lobeliæ, f $\frac{3}{4}$ i. *M.* One teaspoonful of this mixture for a dose, *p. r. n.*

Upon external applications, also, I would like to enlarge, for, especially in protracted cases, they are demanded, not only for the pains arising from the dyspeptic troubles, but for the chest-pains, and also as derivatives; in these, opiates are not always sufficient. Mustard is of essential service—strong tincture of iodine in some conditions; various liniments are also in use and are good. The following, I think, I learned from Dr. Wyman: *R.* Ol. monardæ, acid. aceticæ, tr. cantharidis, p. e. *M.* It never vesicates, is always stimulating, and ultimately soothing.

My observations of the benefit derived from the inhalation of certain substances by their nebulization are yet too crude for me to say more than that I have reason to place great confidence in their efficacy. I have used in this way iodine, tannin, nitrate of silver, and hope, at a future time, to report concerning these and other substances administered by this process.

Excepting certain cases of limited subclavicular tuberculosis, discovered at an early stage and treated judiciously, it may be said consumption is never cured. I have it in my power to assert, however, that in quite a goodly proportion—I cannot now give statistics—even in those in which cavities have been formed, life may—and with some still is—prolonged and rendered useful; and as to treatment, the deductions from what has gone before may be summed up

as follows:—Excite and keep alive hope. Stimulate, if you can kindle it, pluck—pluck to endure, with a determination to live and be useful. Make the invalid fearless of the sun and air and of the weather generally. Let there be occupation for the mind; if possible, let it not dwell on self. Attend to the digestive organs, and keep them in such order that nourishment of the most red blood-making kind shall be taken in sufficient quantity. The physician may be earnest, wise, skilful; unless he acquires the hearty coöperation of the patient in assiduously trying to restore that which has become impaired, he will labor in vain.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. BY Z. B. ADAMS, M.D., OF ROXBURY, ASSIST. SECRETARY.

A STATED quarterly meeting of the Norfolk District Medical Society was held at City Hall, Roxbury, Jan. 16th, 1867, at 11, A.M. The President, Dr. Cotting, in the chair. The records of the last meeting were read by the Secretary, Dr. Jarvis, and approved.

The Censors reported that they had examined and accepted Dr. C. C. Hayes, of Hyde Park. Dr. Hayes, being present, signed the By-laws, and was introduced to the Society by the President.

The President showed some splints made and used by himself since the last meeting, after the plan of Dr. Campbell (see this JOURNAL, Nov. 22d, 1866, p. 346), of book-cover and hoop-iron; one for Colles's fracture of the radius, treated according to Velpeau's method, by strong flexion of the hand—to which treatment the splint was admirably adapted by its lightness and strength.

The President also showed Dr. Sheraton's steel rotary fillet, which he had just received from London—an instrument intended to supersede the forceps in some cases of labor requiring instrumental aid.

A letter was read from Dr. Nelson, of Bellingham, regretting his inability to attend the meetings of the Society, in which he expressed a lively interest—adding that, "Seventy years would not keep me from attendance, had not a severe injury years ago nearly disabled me. I practice what I do," said he, "from pecuniary necessity."

Thereupon the President made an earnest appeal in behalf of the Massachusetts Medical Benevolent Society, which was instituted, a few years ago, to assist aged and needy physicians, and the families of such as might be left destitute, and urged the members to join or otherwise interest themselves in increasing its funds. Subsequently, four members offered their names for life membership, and others intimated a readiness to join the Society.

In the absence of the author, Dr. Robinson, of Roxbury, read a paper written by Dr. Noyes, of Needham, on the Botany of the County, in which he advocated the use of native plants, all around us, which he specified, instead of foreign ones that were no better.

Voted, unanimously, on motion of Dr. Burgess, of Dedham, that

the thanks of the Society be presented to Dr. Noyes for his interesting, instructive and timely paper.

Dr. Robinson also read a letter from Vienna, by Dr. D. F. Lincoln, formerly a member of this Society, now of Edinboro' St., Boston, giving a detailed account of the practice and teaching of midwifery in Vienna. The letter was listened to with great attention and interest.

Dr. Faulkner, of Jamaica Plain, read an elaborate paper on Weaning, the time and conditions best for it in mother and child. This paper was a succinct *résumé* of medical opinions, former and recent, of foreign and of experienced practitioners in the immediate neighborhood, together with his own well-considered conclusions and opinions.

Dr. H. R. Storer, formerly a resident of the County, and now present by invitation, said he had been greatly interested in the paper. It had stated the case as regards the child to complete satisfaction, but that the case of the mother might have been urged a little stronger perhaps. The time of weaning ought to have reference to, and to coincide with that of the menstrual period, which could be readily calculated.

Dr. Burgess remarked that the members would find a very excellent receipt for the child's food, after weaning had been determined on, in Mrs. Cornelius's Cook-Book, Ed. 1866, p. 211. He made this statement from personal experience.

Dr. Salisbury, of Brookline, read a case of Ovarian Disease in his practice, in which ovariectomy was successfully performed by Dr. Storer.

Dr. Storer said that ovariectomy was so common a practice that it was hardly worth while to report cases; and it was now recognized as an ordinary procedure of legitimate surgery. Among other statements regarding the success of such operations, Dr. Storer gave it as his opinion that metallic sutures should be employed, and never silk or thread. The clamps he had invented he thought were of great importance. Also, that it was advisable to leave the abdomen open a long time to secure against hæmorrhage.

Dr. Adams, of Roxbury, read a paper on Excision of the Joints for Traumatic Causes—deducing the practical conclusion that the operation was highly useful in upper, but not adapted to the lower extremities.

The volunteered papers having been read, it was voted to take up the discussion of the question assigned for the meeting—the hour for adjournment by general assent being first fixed at 2½, P.M.

The President announced the subject of discussion to be, "Are the Constitutions of our Women degenerating? If so, what is the Cause?"

Dr. Jarvis, of Dorchester, by appointment, opened the discussion with a paper, based chiefly on statistics, leading to the conclusion that female health and strength had not degenerated, but in many respects were better than in past generations.

Dr. Mann, of Roxbury, followed. He believed that degeneracy in woman would certainly appear in her children, and he adduced many arguments to show that children were never so healthy and strong as now. Statistics of the late war show that our boys are not of degenerate stock, and that their sisters were their equals in energy, labor, and devotion to the cause.

Dr. Munroe, of Medway, differed from the gentlemen who preceded him. In his view, there is great degeneracy. Special diseases are frequent, and appliances for them were almost as common as other articles of the toilet. He attributed much of this to the more luxurious habits, warmer houses, and lighter work of the present day. As he saw it, the air-tight stove was the most "infernal machine" ever invented. Children are too often brought up to do nothing but to idly pass their time, or perhaps to give too much attention to study and the acquirement of fashionable accomplishments, rather than to work. Life now-a-days is too much a life of excitement, and necessarily damages the constitution of women. Lastly, much injury is done by methods so commonly in use to prevent maternity.

Dr. Tucker, of Stoughton, related a case illustrating the last point mentioned.

Dr. Alden, of Randolph, a practitioner of fifty-six years, said that, having given the subject much attention heretofore, he was inclined to think that there is no degeneration; on the contrary, a perceptible improvement. Women are stronger and healthier, more active and enduring, better educated, better dressed (in spite of what may be said of the fashions), and, on the whole, have made an advance, mentally and physically, over their predecessors of olden time. If there are exceptions, it may be due to some local cause, or some change of employment. Smaller families spoken of do not prove degeneration—people marry now at a less early age than formerly. He had witnessed the incoming of the "modern improvements"; even the much berated close-stove is better for warming apartments than the old method of great fires which roasted on one side while the other was freezing. Better built and warmer houses do not, in his opinion, cause degeneration of the race.

Dr. Waldock, of Roxbury, said that a woman has a right to use her own judgment, her truest and best, as to the number of children she should have, as much as she has to decide about anything else that intimately concerns her. It is the neglect of this that produces so much disaster to her, and leads to those practices which have been so justly condemned.

The hour for adjournment having arrived, after a few remarks from Dr. Storer expressive of his satisfaction in being present at so interesting and animated a meeting, a hearty approval of his friend Dr. Waldock's positions, and a recital of some of the "naughty doings" which his specialty brought very prominently to his notice, the Society adjourned and went, by invitation, to the house of the President, where a collation was provided for them.

In the course of the afternoon, Mr. Low, the maker of the hygromet, an instrument designed to indicate the exact amount of moisture in the atmosphere, showed the instrument and the method of using it. Considerable interest was awakened, and a committee designated to make some observations with the instrument and to report at a future meeting. Also, to report, so far as practicable, what amount of absolute vapor is best in particular diseases (croup, for instance), so far as opportunity may be given.

The President also showed a number of specimens of *Guaranà*, brought from Brazil; among the rest (a present from Mrs. Agassiz), of a very artistic serpent, quite worthy of *Æsculapius*, representing

the jararaca, the most poisonous of Brazilian snakes—made by the Maues Indians. He said that these Maues Indians, living between the upper Tapajos and Madeira Rivers, are the principal or only tribes who manufacture the guaranà, which, when prepared, resembles in appearance common chocolate, but is much harder. It is made of the fruit or seeds of a plant (*Paullinia sorbilis*) variously described by travellers, none of whom appear to have seen it *in situ naturali*, as a small tree, about eight feet high when full grown, like a coffee plant—a low, wide-spreading tree—and a climbing plant. It bears berries or beans, somewhat larger than coffee berries. These are roasted, ground, mixed with a little water, made into various shapes, and dried to hardness in an oven. Grated and dissolved in water, or lemonade, it is highly esteemed as a refreshing and stimulating drink. It is much used by the inhabitants of Matto Grosso, and often to such excess as to produce great and lasting tremulousness. It is much used, also, throughout the interior and other provinces of Brazil as a remedy in diarrhoea and intermittent fevers. "The guaranà," says Mr. Fletcher, "is a medicine; and it is a curious fact that when the Indians of that distant region give form to any substance which they consider a *remedio*, they invariably give it that of a serpent. O sons of Æsculapius, explain this!" In commerce, however, it appears in various forms. A solution was made for the company present, and such as "took a drink" found it not unpalatable.

At early night-fall the members dispersed, apparently satisfied with the day's experience.

Bibliographical Notices.

Annual Report of the Trustees and Superintendent of the Maine Insane Hospital.

THE Trustees report that they have visited the Hospital monthly, as required by law, seeing at each visit every patient and inspecting every apartment of the buildings; also, the farm, garden and orchard, so that no department is neglected or overlooked. At each visit a record is made in a book, kept for that purpose, stating the condition of things, and they say, "according to these records, the affairs of the Hospital have been managed, as in previous years, with remarkable care, ability and good judgment on the part of the Superintendent, and with like faithfulness on the part of the other officers and their assistants."

The new wing for females, which was in progress of erection last year, has been completed, furnished and occupied, relieving the crowded state of the female wards. The addition was built and furnished at a cost of \$51,480.46, leaving a balance of \$19.54 of the appropriation to be returned to the treasury of the State! Such close estimates and expenditure are not often made in the construction of public buildings. The State has reason to congratulate itself in having a committee of such rare qualifications for office. They need a new wing for the males, similar to the one just completed, to afford them ample accommodations, and render the hospital symmetrical in pro-

portion. They also ask for a new laundry, "though reluctant to refer to any other department requiring an outlay at this time."

The Superintendent, Dr. Henry M. Harlow, reports the whole number of patients at the commencement of the year, December 1st, 1865, to be 277—143 males and 134 females. There were admitted during the year, 135—75 males and 60 females—making a total of 412 patients under treatment during the year—218 males and 194 females. Whole number discharged, 136. Of these, 83 were males and 51 were females, leaving in the Hospital at the end of the year 276—133 males and 143 females—one less than the number at the beginning of the year.

The condition of those discharged was as follows :—Recovered, 61—39 males and 22 females; improved, 29—19 males and 10 females; unimproved, 13—8 males and 5 females; died, 33—18 males and 15 females.

Of those admitted and died there was an unusual number of aged persons. "Six of those who died had passed their three score and ten years, four were over the octogenarian, and one was well nigh the centennial line when release from bondage came."

Causes of death—Consumption, 10; diarrhoea, 5; old age, 4; congestion of brain, 3; general paresis, 3; epilepsy, 4; exhaustive mania, 1; dropsy, 1; and one man and one woman died of suicide—the former by drowning, the latter by hanging.

The most prominent cause of insanity in those admitted, the Superintendent finds to be "ill health," and he says, "every year we spend with those of 'minds diseased' leads us more fully to the conviction that greater care and watchfulness over the physical part of our nature would lessen surprisingly the number who annually fall victims to this worst of human ills." "The rules of hygiene are so woefully neglected and disregarded by all classes and in all conditions of men, that it is no marvel to see the vast number of wrecks afloat on all sides. The conventionalities of society are but stepping stones over which the young scramble to find themselves, too soon, in some institution for the insane or at the brink of an early grave."

The Superintendent devotes some space to remarks on suicidal insanity, and gives the whole number treated at that hospital in a period of twenty-six years as 339. Of these, only six have been successful in their attempts to take their own lives. He adds:—"That statistics show that more men commit suicide than women, and that more unmarried women kill themselves than married, and that a greater proportion of married men and women take their own lives than the reverse." There must be some mistake in the wording of the above, as there are more married than unmarried women. If more unmarried women commit suicide than married, it is difficult to understand how the proportion of suicides can be greater among the latter than the former.

C. K. B.

Northampton, February 1st, 1867.

City and Country Population of England.—According to the Registrar-General, in 1861 the population of England living in the cities and large towns amounted to 10,930,841; of those living in the country and in small towns, 9,134,386.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 7, 1867.

EDITORIAL CHANGE.

It will be a source of deep regret to our readers, in which we share most heartily ourselves, that the connection of the Junior Editor with the BOSTON MEDICAL AND SURGICAL JOURNAL terminated with the volume just completed. For nearly five years he has most ably done his part of the editorial labors, and in dissolving the agreeable relation which has united them, his associate would most gratefully express his sense of the great obligation under which he has been placed by his diligent and enlightened coöperation. The greatly increased burden of professional duties, growing out of his new position as Adjunct Professor of Chemistry in Harvard Medical School, has compelled Dr. White to leave us. We have some consolation in the thought that what is our loss is others gain. The department of Medical Chemistry, to which he will specially apply himself in his Professorship, is one in which he is most competent to teach, and one which is too generally neglected in our medical schools. It is too much to expect from one professor, however able and industrious, in addition to a general course of lectures on Chemistry, the special course which the present state of medical science requires. The authorities of Harvard University have done most wisely, therefore, in founding an adjunct professorship; and no candidate could they have found better qualified for the office than the gentleman they selected. Our readers have had proof enough of his qualification for the place in the numerous editorial articles on chemical and allied subjects for which this JOURNAL has been indebted to his pen during his connection with it. Delicacy forbids our enlarging upon the personal characteristics which, in the opinion of all whom we have ever heard speak on the subject, have made his position as Editor most honorable to himself and of great value to the profession. We can wish him no better success in his new relations than that which has crowned his editorial labors.

To many of our readers, our new associate needs no introduction. To those not intimately acquainted with him, the report of the Committee of the Massachusetts Medical Society on Cerebro-Spinal Meningitis, read by him at the last annual meeting of the Society, will be a sufficient guaranty of his fitness for an office which taxes so much the powers of endurance and patient industry of its incumbent.

A change in the type used in the Editorial department of the JOURNAL, which is introduced in the present number, enables us to give considerably more printed matter without increasing the number of pages. With this addition to our space we hope to be able to publish many interesting items which we have been compelled in times past to neglect. With regard to our future course we make no new professions; we prefer to leave it to the judgment of our readers, assuring them that we shall make it a conscientious duty to do all in our power to render the JOURNAL a fair representative of the medical profession in New England. Our success must depend very much on the sympathy and coöperation of

our brethren throughout this part of the country, and to them we most confidently appeal. In saying this, we would not be understood as limiting ourselves in any sense to the professional interests of a mere section of our common country. Most gladly should we welcome contributions to our pages from our most distant brethren; we only feel it to be a special duty of those nearest to us to see to it that they bear their part in contributing to the store of medical knowledge as becomes diligent laborers in a common field.

POPULATION OF MASSACHUSETTS—REPLY OF DR. DERBY TO DR. ALLEN'S NOTE—DR. SNOW'S CRITICISMS.

MESSRS. EDITORS,—With reference to the note of Dr. Allen respecting the population of Massachusetts, in your number for January 24, I have only to say that in the article published in the *MEDICAL JOURNAL* on the 3d inst., Dr. Allen stated that more than thirty towns reported *no births* in 1864 and 1865. This statement was a very startling one, and calculated greatly to mislead the public mind. It produced the same impression on others that it did on myself. I therefore felt it important to point out its incorrectness. Dr. Allen now says more than thirty towns reported *no foreign births in those years*; a very different statement from that which he first made. I leave it to your readers to say who made the "mistake."

Yours truly,

GEORGE DERBY, M.D.

Charles Street, January 28th, 1867.

The subject under discussion is a very important one, and however different the views of these gentlemen may be, we know that they have no other object than the determination of the truth with regard to it. It is engaging the minds of many thinking people, and we have no doubt that in time a positive, unquestionable conclusion will be arrived at. As yet we must consider the question as still *sub lite*. We find an interesting communication, called out by Dr. Allen's original paper, in the *Philadelphia Medical and Surgical Reporter*, by Dr. Edwin M. Snow, the able City Physician of Providence. Dr. Snow criticizes a number of points in Dr. Allen's paper, and shows that although, as he states, it may be the case that according to the parish records of small New England towns it may appear that formerly the families had many children, while now they have very few—this does not indicate either moral or physical degeneracy in the inhabitants. Dr. Snow illustrates his point by the follow case:—

"Let me illustrate my meaning by an example: In a small country town where I am well acquainted, there is a school district in which, thirty-five years ago, there were over one hundred scholars. In the same district, fifteen years later, there were less than thirty scholars. The number of families and houses in the district had remained precisely the same. The children had grown up and emigrated, leaving middle-aged and aged persons. At this date, there is no change in the number of houses or families; but many of the heads of families of thirty-five years since have died, and younger persons have taken their places, and there are now fifty or sixty children in the district, and the number is fast increasing. It is easy to understand how Dr. Allen's statements may be true, without any degeneracy in the native American population. It is also easy to see how, in a stationary population, where young men and women mostly emigrate, there may be a long series of years when there would be more deaths than births."

With regard to the very important point, the migrating habits of the natives of New England, Dr. Snow says:—

"I have not been able to complete some calculations on this point that I have been making, but may state, that in 1850, there were nearly 500,000 natives of

New England, living in this country, out of New England. In 1860, there were 116,036 natives of Maine living in other States; 125,539 natives of New Hampshire living in other States; 174,765 natives of Vermont living in other States, &c."

International Medical Congress of Paris.—An international Medical Congress is to be held in Paris on the 16th of August, 1867, under the auspices of his Excellency the Minister of Public Instruction. The Congress will be exclusively scientific, and will last two weeks. The labors of the Congress will include communications upon questions proposed by the committee, and also upon subjects not in their programme, which runs as follows:—1. The Anatomy and Pathological Physiology of Tubercle.—On Tuberculization in different Countries, and its influence on the General Mortality. 2. The general Accidents which cause Death after Surgical Operations. 3. Is it possible to propose to the various Governments efficacious measures for restraining the Propagation of Venereal Diseases? 4. On the influence of the Dietary of different Countries in the Production of given Diseases. 5. On the influence of Climate, Race, and different Conditions of Life on Menstruation in various Countries. 6. On Acclimatization of European Races in Tropical Countries. 7. On the Entozoa and Entophytes which may be developed in Man.

Those who desire to bring forward communications on these or any other subjects, are requested to address their manuscript to the General Secretary at least three weeks (July 26th) before the opening of the Congress.

With the view of limiting and defining the questions in the programme, the committee has appended to each article commentaries, which we cannot now quote, but to which we shall subsequently refer, indicating the points to which it desires that papers should be especially directed. Foreigners may become members of the Congress by addressing a communication to Dr. Jaccoud, Secrétaire General, Rue Drouot 4, à Paris.—*London Lancet*.

The idea of this Convention is an excellent one, and steps have been taken in Boston to secure a representative from members of the Massachusetts Medical Society residing within the Suffolk District.

Eustachian Tube normally closed except in Deglutition.—Dr. James Jago, in a communication on the Functions of the Tympanum, published in the *British and Foreign Medico-Chirurgical Review*, defends with much plausibility the view which he had propounded before, in an Essay on the Eustachian Tube, that the normal condition of this passage is that of closure, except during the act of deglutition. This opinion is based on experimentation in his own person, aided by an accidental condition of the fauces, arising from contraction of the tissues on the right side, following amputation of a portion of the uvula. His paper is a very interesting one, and his arguments are most convincing. With regard to the provision for opening the tubes on occasion, he says:—

"That it is not the egress of sonorous vibrations from the tympanum which is to be feared, that being a matter of indifference.

"But there must be a provision against the ingress of aerial undulations from the throat, which, if admitted, would threaten the membrana tympani with incessant oscillations, and endanger both its integrity and that of the complex and delicate apparatus in connection, and violate the peace of the labyrinth *via* this sudden route with all the sonorous impulses impressed upon the animal's breath.

"That, therefore, the moment seized for bringing the tympanum into communication with the fauces must be one in which there can be no respiratory current.

"That the only instant compelling a suspension of respiration is that in which the act of swallowing is performed, and must therefore be embraced for the service just named.

"Finally, the same rule secures the tympanum against the introduction of gastric gases, &c., evolved through the fauces."

Use of a Concave Reflector in Examinations of the Ear.—Dr. Holmes called the attention of the Society to the use of this instrument in examinations of the external meatus, as recommended in the excellent work of Von Tröeltsch on Diseases of the Ear, translated by Dr. Roosa, Aural Surgeon to the New York Eye Infirmary. The instrument is a concave reflector, three inches in diameter, with a focal distance of four inches, and is contained in a metallic frame, with a suitable handle. In the centre of the reflector, a small disc of the amalgam is removed, as in the small concave reflector of the ophthalmoscope, to allow the rays of light from the illuminated ear to enter the observer's eye.

By means of this instrument, the deeper portions of the external meatus can be distinctly seen, even in a cloudy day, or by the light of a candle in a darkened room. The patient can be examined while lying in bed, if necessary, as well as in an erect position.—*Proceedings of Chicago Medical Society, in the Chicago Medical Journal.*

Impenetrable Cuirass.—A correspondent of the *Richmond Medical Journal*, writing from Florence, describes a new cuirass as follows:—

“Signor Muratori, a Sicilian, has invented a cuirass, not weighing more than fifty-four ounces, yet large enough to cover the whole of a man's trunk, entirely free from metallic ingredients, and so pliable that it does not interfere with the movements of the most agile soldier. This cuirass was tested, in one of the forts of Florence, in presence of the Minister of War and several officers of the Italian army, and it was found that a shot fired with a cavalry revolver, which, at five paces distance, can penetrate a wooden plank five inches thick, did not pierce or lacerate the cuirass, although the powder charge and the distance were the same. A herculean grenadier was then ordered to attack the cuirass with the bayonet, which he did twice very vigorously, but without causing any damage to it. Sabres and swords proved even more powerless, and the very sharp point of a lance, wielded by a robust lancer, glided off (to use the expression of an eye-witness) like the point of a needle from a steel plate. There is no reason to doubt the accuracy of these observations. But, alas! this wonderful weapon of defence came too late, as everything does in Italy.”

Prostitution in New York.—A bill contemplating a recognition of the evil of prostitution, and the issue of licenses for its practice under certain restrictions, has lately been introduced in the Legislature of New York. According to the estimate of the Metropolitan Police Commissioners, as given in their annual report, New York city alone is able to count the enormous number of twenty-one hundred houses of ill-fame of all grades, and twenty-five thousand courtezans; but we are to look for the mitigation in vigorous legislative enactments rather than in convention discourses, however rational.—*Medical Record.*

Potent Disinfectant.—The *Dublin Medical Press* states that Dr. DeWar, of Kircaldy, has discovered that “for the disinfection of inanimate material, the addition of a little nitre to sulphur, and the combination of these fumes with the steam of boiling water, improvises a disinfectant at once the most powerful, most searching, and most efficacious which can be obtained, utterly destructive at once of any latent contagion, and of every form of insect life.”—*Ibid.*

Medical Staff, U. S. Volunteers.—Among the nominations for brevet rank in the Volunteer force are the following:—To be *Captain, Major* and *Lieutenant-Colonel*, by brevet. Assistant-Surgeon James Clark Stockton, of the Thirty-sixth United States colored troops, for faithful services in the Medical Department, commissions to date from September 11, 1866. To be *Lieutenant-Colonels* by brevet. Surgeon William Carroll, U.S.V., for faithful services on Tybee Island during the prevalence of cholera at that place, to date from August 22, 1866; Surgeon Michael K. Hogan, U.S.V., for faithful services in the Medi-

cal Department, to date from June 28, 1866; Surgeon William R. De Witt, U.S.V., for faithful services in the Medical Department, to date from June 28, 1866; Brevet Major W. C. Squire, Captain of the Seventh Ohio Sharpshooters, for gallant and meritorious services, to date from July 28, 1866; Surgeon Caleb W. Horner, U.S.V., for faithful and meritorious services in the Medical Department, to date from March 13, 1865; Surgeon John A. Hayes, of the Eleventh New Hampshire Volunteers, for faithful and meritorious services, to date from March 13, 1865; Surgeon Brower Gesner, of the Tenth New York Volunteers, for gallant and meritorious services during the war, to date from March 13, 1865; Brevet Major Robert B. Brown, Assistant Surgeon U.S.V., for faithful and meritorious services at Galveston, Texas, during the prevalence of cholera at that place, to date from October 25, 1866; Surgeon Samuel W. Blackwood, of the Eighty-first United States colored troops, for meritorious and distinguished services during the outbreak and continuance of cholera in New Orleans, La., to date from November 26, 1866; Assistant Surgeon Theodore Wild, of the Eighty-first United States colored troops, for meritorious and distinguished services at White's Ranch, Texas, where cholera prevailed in August, 1866, to date from November 26, 1866. To be *Colonel and Brigadier-General* by brevet, to date from March 13, 1865, Brevet Lieutenant-Colonel and Brevet Colonel Matthew McEwen, Surgeon U.S.V., for gallant and meritorious services during the war.—*Ibid.*

The Chair of Surgery in Rush Medical College.—According to statements in the daily papers of Chicago, the chair of Surgery made vacant by the death of the late Professor D. Brainard, has been filled by the appointment of Moses Gunn, of Detroit, Professor of Surgery in the University of Michigan. It is also stated that Prof. Gunn has accepted the appointment.—*Chicago Medical Examiner.*

Sulphite of Soda in Smallpox.—Dr. W. L. Nichol states (*Nashville Journal of Medicine and Surgery*, August, 1866) that he has employed the sulphite of soda in smallpox with advantage. He gave it in solution, in the proportion of one drachm of the salt to six ounces of water. A tablespoonful of this was given every three hours.—*American Journal of the Medical Sciences.*

MEDICAL INTELLIGENCE.

ACCORDING to the *Atlanta Medical and Surgical Journal*, that city has been re-built with unexampled rapidity, and now contains, probably, 5000 inhabitants more than before it was dismantled and destroyed.

From the Twelfth Annual Report of the Southern Ohio Lunatic Asylum, for the year 1866, we learn that the number of patients in the Asylum at the beginning of the year was 171; admitted during the year, 103—total, 274. Discharged during the year, 177. The mortality during the year is represented as having been very light, and the institution in every respect in a favorable condition. An appropriation has been made for the enlargement of the asylum to the size of the original plan.

The total number of deaths in the city of Chicago, during the year 1866, was 5,926. Under five years of age, 2,899; from five to twenty, 638; twenty to forty, 1,288; forty to fifty, 426; fifty to sixty, 240; sixty to eighty, 281; over eighty, 30; unknown, 124.

The "Elgin Milk Condensing Company" of Chicago, Ill., prepares milk in a condensed form, requiring three parts of water to one of the preparation to bring it to the standard of good fresh milk. A resolution was unanimously passed at the last meeting of the Chicago Medical Society, recommending it as an article of great value to the community for general use, and especially for the feeding of children.

Dr. C. R. Parke, of Bloomington, Illinois, reported to the Illinois State Medi-

cal Society, at its last meeting, a death from the inhalation of chloroform, administered as an anæsthetic in the extraction of teeth. The amount used was one drachm; death took place in twenty-five minutes from the commencement of the inhalation.

The St. Louis Dental Society held its tenth annual meeting at the rooms of Drs. Peebles and Eames, on Tuesday, January 8th, 1867, and the following officers were elected for the ensuing year:—*President*, Aaron Blake, D.D.S.; *Vice President*, W. H. Eames, D.D.S.; *Secretary and Treasurer*, Dr. Edgar Peck. This, says the *St. Louis Medical Reporter*, is an old and useful organization, and is doing much good in the profession towards elevating dentistry to its real and legitimate position as a part of the curative art.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 2d, 1867.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	43	49	92
Ave. mortality of corresponding weeks for ten years, 1856—1866	37.7	37.1	74.8
Average corrected to increased population	00	00	82.58
Death of persons above 90	0	0	0

CORRECTION.—In the list of House-pupils at the Massachusetts General Hospital for the present year, published in our last, for "Henry H. H. A. Beach," read Henry H. A. Beach; and for "Josiah L. Hall" read Josiah L. Hale.

COMMUNICATIONS RECEIVED.—Obstetric Teaching and Practice in Vienna; by D. F. Lincoln, M.D.—Medical Botany of Norfolk County; by Josiah Noyes, M.D.—Case of Injury to the Spine; by S. F. Coles, Surgeon U.S.N.—A Case of Epilepsy from Lead Poisoning; by Lewis S. Hopkins, M.D.—On the Mode of Administration of Systemic Anæsthetics; by Ephraim Cutter, M.D.—Synopsis of Cases treated at the Surgical Clinic of the Boston Dispensary, during September, October and November, 1866; by David W. Cheever, M.D., one of the Surgeons.

BOOKS RECEIVED.—The Renewal of Life. Lectures, chiefly Clinical, by Thomas King Chambers, M.D., Consulting Physician and Lecturer on Practical Medicine at St. Mary's Hospital, &c. Philadelphia: Lindsay & Blakiston. 1866. For sale by E. P. Dutton & Co. Price five dollars.—The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life, considered in their Physiological, Social and Moral Relations. By William Acton, M.R.C.S., late Surgeon to the Islington Dispensary, &c. Second American from the Fourth London Edition. Philadelphia: Lindsay & Blakiston. 1867. For sale by E. P. Dutton & Co. Price three dollars.—Guide for using Medical Batteries, &c., in the Treatment of Nervous Diseases. By Alfred Garratt, M.D. Philadelphia: Lindsay & Blakiston. 1867. Sold by E. P. Dutton & Co. Price two dollars.—Methomania: a Treatise on Alcoholic Poisoning. By Albert Day, M.D., Superintendent and Physician of the Washingtonian Home, Boston, &c. With an Appendix by Horatio R. Storer, M.D. Boston: James Campbell. 1867.

DIED.—In Newburyport, Dr. Samuel W. Wyman, a native of this city, and a graduate of Harvard College in the class of 1814, aged 75.—In Jackson, Mich., Dr. Edward Lewis, aged 74. He graduated at Castleton (Vt.) Medical College in 1824, and after practising in Vermont eleven years, and in Concord, Mich., eight years, he removed to Jackson, where he remained till his death—having an extensive practice, and ranking among the first physicians of the State.

DEATHS IN BOSTON for the week ending Saturday noon, Feb. 2d, 92. Males, 43—Females, 49. Accident, 3—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 1—cancer, 2—cholera infantum, 1—consumption, 17—convulsions, 1—croup, 2—debility, 1—dropsy, 1—dropsy of the brain, 3—dysentery, 1—erysipelas, 3—remittent fever, 1—scarlet fever, 5—typhoid fever, 2— hæmorrhage, 1—disease of the heart, 6—infantile disease, 3—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 5—marasmus, 1—measles, 1—old age, 1—paralysis, 2—peritonitis, 2—pleurisy, 1—premature birth, 1—puerperal disease, 1—scrofula, 1—smallpox, 5—enlargement of the spleen, 1—suicide, 1—tabes mesenterica, 1—unknown, 5—whooping cough, 1.

Under 5 years of age, 33—between 5 and 20 years, 10—between 20 and 40 years, 22—between 40 and 60 years, 15—above 60 years, 12. Born in the United States, 62—Ireland, 23—other places, 7.